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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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|--|----|------------------------|----------------------------|
| | | Application Number | 10/591,395 |
| | | Filing Date | August 22, 2007 |
| | | First Named Inventor | GRANDI et al. |
| | | Art Unit | 1645 |
| | | Examiner Name | P. BASKAR |
| Total Number of Pages in This Submission | 16 | Attorney Docket Number | PP021431.0005 (2300-21431) |

ENCLOSURES (Check all that apply)

| | | | | |
|---|---|--|---------|--|
| <input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (9 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) in duplicate <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (3 pages) with attached PTO/SB/08A (1 page), and copies of Refs C1-C4 (pages not counted) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard | | |
| <table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.</td> </tr> </table> | | | Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648. |
| Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648. | | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------|----------|--------|
| Firm Name | Robins & Pasternak LLP | | |
| Signature | | | |
| Printed name | Dahna S. Pasternak | | |
| Date | December 10, 2008 | Reg. No. | 41,411 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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| Signature | | | |
| Typed or printed name | Michelle Hobson | Date | December 10, 2008 |